

**Notice:** Wastewater operators may use this form to document experience required under s. NR 114.09, Wis. Adm. Code, for a certification grade level. Personal information collected will be used for program administration. Wisconsin's open records law requires the department to provide information to requesters [ ss. 19.31 to 19.39, Wis. Stats.]. Pursuant to ss. 281.17 and s. 281.98, Wis. Stats., and s. NR 114.14, Wis. Adm. Code, the department may seek penalties, or may revoke, suspend or refuse to renew a certification for reasons such as making false statements on this form.

**If this form is incomplete experience will be denied.**

**Operator Information**

Name (PRINT IN CAPS)	Certification Number (WI only)
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Street Address (Home)
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City (Home)	State	Zip Code
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Work Phone Number	Home Phone Number	Cell Phone Number	E-mail Address
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**Wastewater Treatment Plant Information** – Please use a separate form for each treatment facility where you have been employed

Wastewater Treatment Plant Name (PRINT IN CAPS)
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Street Address
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City	State	Zip Code
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Permit Number (WI Only)	FID Number (WI only)	WWTP Design Population	WWTP Design Flow (MGD)
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Employment Dates at This WWTP (MM/YY to MM/YY)	Hours per Week at This WWTP (hrs)
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Were you or are you the Operator in Charge? If YES, in what subclasses? (WI only)

☐ Yes ☐ No

(Design information should be in your facility plan and/or O & M manual. You can estimate the design information if you do not know it or cannot get it.)

**WWTP Operations and Processes:**

(Describe, draw or attach the treatment train at this facility from headworks to effluent discharge)

**Signatures**

Signature of Applicant	Date
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I hereby certify that the above applicant has performed the work activities for which experience is claimed.

Signature of Supervisor	Date
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Print Supervisor's Name	Supervisor's Daytime Phone Number
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# Wastewater Operator Certification Experience

Form 3400-066A (R 3/04)

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## General Wastewater Experience

- ☐ 2+ years of general wastewater experience (is not subclass specific)
- ☐ 3+ years of general wastewater experience (is not subclass specific)
- ☐ 4+ years of general wastewater experience (is not subclass specific)

(If you are **applying for the second, third or fourth year of general wastewater experience ONLY** you do not need to fill out the boxes below).

## Subclass Wastewater Experience

The first year of wastewater experience is subclass specific. Check those subclasses below in which you have accumulated at least one year of hands-on operational experience at this wastewater facility. **Check only those subclasses that apply to this facility. Use separate form for each facility.** Please also describe the tasks you performed in this subclass, the dates you performed these tasks and how often you did them. This experience **MUST** be **actual hands-on Operation & Maintenance (O&M) experience**. **Education cannot be substituted for hands-on experience.**

### ☐ Primary Settling/Preliminary Treatment (Subclass A)

Task Description Example: Pump primary sludge to digester	Time Period (from mo/yr to mo/yr)	Frequency of Task daily, 2x/week, monthly?

### ☐ Trickling Filter/RBC (Subclass B)

Task Description Example: Maintain distribution arm	Time Period (from mo/yr to mo/yr)	Frequency of Task daily, 2x/week, monthly?

### ☐ Activated Sludge (Subclass C)

Task Description Example: Return and waste (RAS-WAS)	Time Period (from mo/yr to mo/yr)	Frequency of Task daily, 2x/week, monthly?

### ☐ Ponds/Aerated Lagoons (Subclass D)

Task Description Example: Maintain blowers--weed control	Time Period (from mo/yr to mo/yr)	Frequency of Task daily, 2x/week, monthly?

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## ☐ Disinfection (Subclass E)

<i>Task Description</i> Example: Clean and change lamps--test chlorine residual	<i>Time Period</i> (from mo/yr to mo/yr)	<i>Frequency of Task</i> daily, 2x/week, monthly?

## ☐ Anaerobic Digestion (Subclass F)

<i>Task Description</i> Example: Drain drip traps - record temperature	<i>Time Period</i> (from mo/yr to mo/yr)	<i>Frequency of Task</i> daily, 2x/week, monthly?

## ☐ Mechanical Sludge Handling (Subclass G)

<i>Task Description</i> Example: Maintain and replace plows - add polymer	<i>Time Period</i> (from mo/yr to mo/yr)	<i>Frequency of Task</i> daily, 2x/week, monthly?

## ☐ Effluent Filtration (Subclass H)

<i>Task Description</i> Example: Backwash wetwells	<i>Time Period</i> (from mo/yr to mo/yr)	<i>Frequency of Task</i> daily, 2x/week, monthly?

## ☐ Phosphorus Removal (Subclass I)

<i>Task Description</i> Example: Maintain chemical feed pump, monitor anoxic/anaerobic zones	<i>Time Period</i> (from mo/yr to mo/yr)	<i>Frequency of Task</i> daily, 2x/week, monthly?

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Name \_\_\_\_\_

## ☐ Laboratory (Subclass J)

<i>Task Description</i> Example: Must perform BOD's and TSS on site	<i>Time Period</i> (from mo/yr to mo/yr)	<i>Frequency of Task</i> daily, 2x/week, monthly?

## ☐ Special K (Example: Recirculating Sand Filters, Etc.) (Subclass K)

<i>Task Description</i> Explain chemical or physical treatment	<i>Time Period</i> (from mo/yr to mo/yr)	<i>Frequency of Task</i> daily, 2x/week, monthly?

## ☐ Electroplating/Metal Finishing (Subclass L)

<i>Task Description</i> Example: pH adjustment	<i>Time Period</i> (from mo/yr to mo/yr)	<i>Frequency of Task</i> daily, 2x/week, monthly?

### DNR Use Only: Experience Approved (Check all that apply)

Operator Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date and Time
Supervisor Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date and Time
1 year experience in: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L	Initial and Date
General Wastewater Experience <input type="checkbox"/> 2+ yrs. <input type="checkbox"/> 3+ yrs. <input type="checkbox"/> 4+ yrs.	Initial and Date

Reason(s) if denied or Additional Comments